

Opportunity Funding for Mental Health Services

For more information and to submit applications:

Susan Haberstroh - susan.haberstroh@doe.k12.de.us

Tina Bates - tina.bates@doe.k12.de.us

Funding Period: Fiscal Year 2022

Delaware Department of Education Opportunity Funding Form 2021-2022 School Year

Application deadline: Friday, July 30, 2021

Purpose: The Opportunity Funding directed to mental health services provides \$5.0 million in FY20, \$2.5 million in HB 225 (Annual Appropriations Act) and \$2.5 million authorized in HB 226 (One-Time Supplemental). With a total supplemental amount of \$7.5 million over three years, the total amount will be \$15 million *contingent on future appropriations*. The Opportunity Fund is to provide additional funding for English Learner (EL) and low-income students.

For FY21, \$2.5 million is appropriated through HB 240 (Annual Appropriations Act). The guiding language regarding these funds and eligibility was amended through HB260 (Grants- In-Aid Act). The \$2.5 million allocated is supplemented with the \$2.5 million from HB 226 as referenced above. A total of \$5 million is appropriated for FY21.

For FY22, \$5.5 million is appropriated through HB 250 (Annual Appropriations Act). The \$5.5 million allocated is supplemented with the \$2.5 million as referenced above. A total of \$8 million is appropriated for FY22.

For FY22, these funds are apportioned and allocated to schools meeting criteria based on the prior year unit count: 1) a grade configuration containing K through 4th grade and (2) greater than or equal to 30% percent low-income and/or greater than or equal to 10% English Learner enrollment. There are schools that have been grandfathered because of meeting the threshold in FY21 and not meeting in FY22. This is noted.

This funding shall be used by school districts and charter schools for *mental health services* in the form of school counselors, school social workers or licensed clinical social workers, school psychologists, and/or for additional reading supports for grades K-5. Services may include the employment of staff, where such funding may be used to cover 100 percent of personnel costs on a 10 to 12-month basis and/or contracted services.

Allocation Method: Amounts vary per school and that amount is indicated below. Each LEA has already received the first half of the funding; the second amount will be released upon receipt and approval of this application.

DISTRICT/CHARTER NAME: Lake Forest School District / Lake Fores	st South Elementary School
ADDRESS: 5423 Killens Pond Road Felton, DE 199	
CONTACT NAME: James Dick	
CONTACT PHONE: 302-284-3020	
CONTACT EMAIL: james.dick@lf.k12.de.us	
ALLOCATION AMOUNT: \$65,056	

Questions:

1.	What mental health needs of your identified low-income and English learner students will you be addressing through these mental health services funds? (<i>Please indicate N/A if these funds are solely being used for reading supports for the two subgroups – EL and low-income.</i>)
	The district will use these funds to partially fund a school counselor. The counselor will conduct school lessons with groups of students and meet with individual students on an as needed basis. The counselor's primary responsibility will be to provide individual and small group counseling, social skills and mental health lessons to EL and low-income students.
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Opportunity:	an to use the funding to hire	se funds for e an interven	reading supp itionist for eac	orts. We utilize the of our school	e other ols in the
district.					

3. Are you using these funds for reading supports for your identified low-income and

-	1. Students will show an increase in their core academic assessment scores.
	Reduction in failing/grade retention.
	3. Reduction in absences.
	Reduction in office referrals.
	Is this money is being used to contract services?
	homosomus d
	Please complete the State Funds Budget Form and State Budget Summary Form (attache

4. How will you know if these services or supports are effective?

Assurances and signatures:

As the chief school officer of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I am also authorized to obligate the district or charter school to conduct any activity approved under this form in accordance with all applicable state requirements, including statutory and regulatory requirements, and program specific requirements. The information contained in it is true and correct to the best of by knowledge and belief. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

- 1. I understand that this funding may not be used to supplant otherwise available funding.
- 2. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).

Cnief School Officer (printed name):
Signature: Date:
As the business manager of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I have read this form and reviewed the financial information contained in this form. The information contained in this form is true and correct to the best of my knowledge and belief. I have reviewed and approve the submission of the budgetary information for this form. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that
 I understand that this funding may not be used to supplant otherwise available funding. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).
Business manager (printed name):
Signature: Date:
By signing this form, I am approving the plan submitted by the district or charter. Secretary of Education/Designee (printed name):

Live signature on file at DOE.

Date:

Signature:



STATE OF DELAWARE DEPARTMENT OF EDUCATION

BUDGET SUMMARY OF STATE FUNDS

LEA/Agency Name:

Lake Forest School District - South Elementary

State Subgrant Title:

Opportunity Grant

Project Title; Mental Health

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Completed By:

Kurt J. Kelemen

Date:

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Date:

Chief Financial Officer or Business Manager:



State of Delaware **Department of Education State Funds Budget Form**

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State of Delaware Department of Education State Funds Budget Form

Expense Types and Account Codes: Travel (5400) Destination Purpose # of Travelers Requested Funds Requested Funds \$ \$ \$ \$	State Subgrant:	Opportunity Gr	ity Grant		Project Start Date:	7/1/2021	
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State of Delaware Department of Education State Funds Budget Form

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